Ministries concerned and other stakeholders. As such, it is difficult to indicate the time frame by which the action plan will be finalized.

Differences between Government and MCI

2645. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH & FAMILY WELFARE be pleased to state:

(a) what are the major points of differences between Government and the Medical Council of India as widely reported in the press;

(b) to what extent Government have made efforts to whittle down the differences and organize a working relationship with the Medical Council of India; and

(c) the steps proposed to evolve a clear policy on medical education?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Of late, the Medical Council of India, which is a statutory body functioning under Ministry of Health & Family Welfare in the Government, has been construing any policy direction issued by the Government in public interest, as infringement of its autonomy. In order to ensure a balance between autonomy and accountability, the Government has introduced the Indian Medical Council (Amendment) Bill, 2005 in the Parliament, when enacted will empower the Government to issue directions to the Council onpolicy issues and also to take appropriate steps in case such directions are not implemented. Modification of the existing policy on medicareducation is an on going process.

Hepatitis-B and other communicable diseases

2646. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY
WELFARE be please to state:

(a) whether Government are aware that Hepatitis-B virus (HBV) poses a far greater threat than the Acquired Immuno Deficiency Syndrome (AIDS);

(b) if so, whether there are some more fatal diseases like Japanese encephalitis, dengue, typhoid, polio, dysentery, filariases, kala-azar, etc.; and

(c) what are the multi-dimensional steps proposed to be taken for treatment and prevention of these diseases?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (C) According to Indian Council of Medical Research, Hepatitis B infection is several times more infectious than AIDS. However, in respect of other diseases, case fatality rate for Japanese Encephalitis and Dengue is 25% and 1 % respectively, whereas for dysentry, typhoid and Kala-azar it is very low. Polio and Filariases are not fatal but crippling diseases.

Health is primarily a State subject and provision of medical relief for diseases through primary and community health centres is looked after by the State Governments. The Government of India supplements the efforts of the State Governments/union Territories through various National Health Programmes. Hepatitis B is effectively tackled through preventive measures including vaccination. The Government has launched a pilot project of immunisation of Hepatitis B free of cost for children below one year. National Vector Borne Diseases Control Programme covering JE, Filariases, Kala Azar etc. is also being implemented in the country. Polio is prevented through pulse polio programme. National Institute of Communicable Diseases provides technical support to the State Governments and undertakes surveillance, early detection, prevention and control of outbreaks of communicable diseases. The Government of India has launched an integrated Disease Surveillance Programme in November 2004 to further strengthen identification of outbreaks of various water borne and vector borne diseases so that early intervention could be made and occurrence, disability and death due to such diseases could be reduced.

Initiative to Control TB, Hepatitis, ETC.

2647. SHRI NABAM REBIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any new initiative is being taken by Government to check the diseases like TB/Hepatitis-B/AIDS/malaria etc. which are rapidly spreading in various parts of the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?